

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	AS		9-2-00
O.I.P.E. CLASSIFIER		67523	10-31-01
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	9/19/03
2	✓	✓	7/9/03
3	✓	✓	7/9/03
4	✓	✓	7/9/03
5	✓	✓	7/9/03
6	✓	✓	7/9/03
7	✓	✓	7/9/03
8	✓	✓	7/9/03
9	✓	✓	7/9/03
10	✓	✓	7/9/03
11	✓	✓	7/9/03
12	✓	✓	7/9/03
13	✓	✓	7/9/03
14	✓	✓	7/9/03
15	✓	✓	7/9/03
16	✓	✓	7/9/03
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18	✓	✓	7/9/03
19	✓	✓	7/9/03
20	✓	✓	7/9/03
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26	✓	✓	7/9/03
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28	✓	✓	7/9/03
29	✓	✓	7/9/03
30	✓	✓	7/9/03
31	✓	✓	7/9/03
32	✓	✓	7/9/03
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Claim	Final	Original	Date
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REST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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